

2011 Summary of Benefits

Local 77

Plan Features	Washington Dental Service (WDS)
Annual Deductible	\$0
Annual Maximum	\$2,000 per person per year
Outpatient Copay	None
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Incentive payments levels 1 st Year – 70% 2 nd Year – 80% 3 rd Year – 90% 4 th Year – 100%
Crowns, Inlays, Onlays	Paid at incentive levels shown above
Prosthodontic Services (Dentures, Bridges)	Paid at 50%
Orthodontia	Paid at 50% Benefits are provided only for dependent children under age 25 (through age 24) regardless of attending school. or through completion of treatment, whichever occurs first. Lifetime maximum amount payable is \$1,500 per eligible child.
Lifetime Maximum	\$1,500
Choice of Providers	In-Network: Any contracted provider. Out-of-Network: Any licensed, qualified provider of your choice.**
Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Paid at incentive levels above
Oral Surgery (routine and surgical extractions)	Paid at incentive levels above
Temporomandibular Joint (TMJ) Disorders	Not covered
Dental Implants	Paid at 50%
Other	N/A

** Expenses paid based on actual charges or average fee charged by 51% of providers in the area, whichever is less.